

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1604	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/15/2016
NAME OF PROVIDER OR SUPPLIER MANCHESTER HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 395 INTERSTATE DRIVE MANCHESTER, TN 37355		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments During complaint investigation of #39303 and #39650, conducted on 9/12/16, at Manchester Health Care Center, no deficiencies were cited in relation to the complaint #39303 and deficiencies were cited in relation to the complaint #39650 under 1200-8-6, Standards for Nursing Homes.	N 000	N415 Administration A. With respect to the Specific Residents Cited: No residents were identified with this citation.	10/7/16
N 415	1200-8-6-.04(10) Administration (10) When licensure is applicable for a particular job, verification of the current license must be included as a part of the personnel file. Each personnel file shall contain accurate information as to the education, training, experience and personnel background of the employee. Documentation that references were verified shall be on file. Documentation that all appropriate abuse registries have been checked shall be on file. Adequate medical screenings to exclude communicable disease shall be required of each employee. This Rule is not met as evidenced by: Based on review of employee records and interview, the facility failed to obtain abuse registry verification for 1 Employee (#2) and failed to have evidence the employee was free from communicable disease for 3 Employees (#3, 4, and 5) of 5 employee records reviewed. The findings included: Review of the employee record revealed Employee #2 was hired on 6/23/16 as a Certified Nurse Aide. Further review revealed no documentation the abuse registry was verified.	N 415	B. With Respect to How the Facility will Identify Residents with the Potential for the Identified Concern and Take Corrective Action: Residents have the potential to be affected by the deficient practice allegation of failure to follow facility standards regarding the documentation of abuse registry verification and documentation verifying they are free of communicable disease prior to working at the facility. The ADM and HR department conducted an audit of current employee files to verify each had cleared the abuse registry and had documentation they were free of communicable disease was completed by 10/1/16. Effective 10/3/16, all staff will be checked against the abuse registry and verified to be free of communicable disease prior to being hired.	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Adrienne D. Stith

Administrator

10/5/16

STATE FORM

6899

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If continuation sheet 1 of 2

Division of Health Care Facilities

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N 415	<p>Continued From page 1</p> <p>Interview with the Administrator on 9/14/16 at 1:08 PM in the conference room confirmed the facility failed to verify the abuse register.</p> <p>Review of the employee record revealed Employee #3 was hired on 6/27/16 as a Registered Nurse, Employee #4 was hired on 7/7/16 as a Registered Nurse, and Employee #5 was hired on 6/1/16 as a Certified Nurse Aide. Further review of the 3 records revealed no documentation the employees were free of communicable disease. The records for Employee #4 and #5 revealed the facility did not have medical information.</p> <p>Interview with the Administrator on 9/14/16 at 2:30 PM and 3:20 PM in the conference room confirmed the facility failed to obtain the employees medical information and failed to ensure they were free of communicable disease.</p>	N 415	<p>C. With Respect to What Systemic Measures have been put in place to Address the Stated Concern.</p> <p>By 9/15/16, the Administrator/designee had re-educated the DON, Nurse Educator (NE) and the Human Resources staff and all Department Heads on facility standards regarding abuse registry verification and free of communicable disease documentation prior to hiring. Staffing Agency was also contacted by ADM on 10/1/16 and educated that their staff will also be required to provide documentation of abuse registry verification and communicable disease status prior to working in the facility. Newly hired staff (including agency staff) will receive this education by the Nurse Educator/designee during the orientation process and at least annually.</p> <p>D. With Respect to How the Plan of Corrective Measures will be monitored:</p> <p>The ADM/designee will review new hire files to ensure the abuse registry was verified and that the employee was screened to be free of communicable diseases for three months beginning 10/3/16. The plan of action was presented to the QAPI committee on 9/15/16.</p>	